

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement for dates of service 09/11/01 and 09/17/01?
- b. The request was received on 01/28/02.

### **II. EXHIBITS**

1. Requestor, Exhibit 1:
  - a. TWCC 60 and Letter Requesting Dispute Resolution dated 01/21/02
  - b. HCFA-1500s
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14day response to the insurance carrier on 03/13/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 03/15/02. The response from the insurance carrier was received in the Division on 04/02/02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.

3. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor:

The carrier denied reimbursement on both dates on service in dispute citing lack of documentation. A reconsideration request with supporting documentation was sent to the carrier. The carrier has not responded to this request.
2. Respondent:

The response was not timely and consequently not eligible for review.

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1)&(2), the only dates of service eligible for review are 09/11/01 and 09/17/01.

2. The carrier's EOBs have the denial "N – THIS IS AN UNLISTED PROCEDURE. PLEASE REMIT THE BILL WITH A MORE DESCRIPTIVE CODE OR DOCUMENTATION."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
09/11/01 09/17/01	64999 64999	\$300.00 \$300.00	\$0.00 \$0.00	N N	DOP DOP	MFG, General Instruction (GI) (III)(1-6)	The carrier denies reimbursement due to insufficient documentation. Documentation of a DOP procedure is addressed in the referenced GI. The dispute packet contains documentation of the performed procedure, need for the procedure, time required to perform the procedure, skill level necessary for performance of the procedure, and of equipment used. The provider has satisfied the documentation requirements. Therefore, reimbursement of \$600.00 (\$300.00 x 2 DOS) is recommended.
<b>Totals</b>		\$600.00	\$0.00				The Requestor is entitled to reimbursement in the amount of <b>\$600.00</b> .

## V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$600.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 9<sup>th</sup> day of May 2002.

Larry Beckham  
Medical Dispute Resolution Officer  
Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.